61ST CONGRESS, 2d Session. | SENATE. | REPORT No. 836.

PENSIONS AND INCREASE OF PENSIONS TO CERTAIN SOLDIERS AND SAILORS OF THE REGULAR ARMY AND NAVY, AND CERTAIN SOLDIERS AND SAILORS OF WARS OTHER THAN THE CIVIL WAR, ETC.

JUNE 14, 1910.—Ordered to be printed.

Mr. SMOOT, from the Committee on Pensions, submitted the following

REPORT.

[To accompany H. R. 26314.]

The Committee on Pensions, to whom was referred the bill (H. R. 26314) granting pensions and increase of pensions to certain soldiers and sailors of the Regular Army and Navy, etc., have examined the same and report.

The report of the Committee on Pensions of the House of Representatives, hereto appended, is adopted and the passage of the bill is recommended when amended as follows:

On page 2, line 14, after the word "volunteers," insert the words "Oregon and Washington Territory Indian war."

[House Report No. 1408, Sixty-first Congress, second session.]

The Committee on Pensions, to whom was referred sundry bills granting pensions and increase of pension to certain soldiers and sailors of the Regular Army and Navy, etc., submit the following report:

This bill is a substitute for the following House bills referred to said committee:

H. R. 7966. John M. Wright.
15266. David H. Moore.
17958. William D. Willoughby.
18855. James T. Adamson.
19201. Peter S. Moore.
H. R. 19746. Jessie M. Parshall.
23720. Laura D. Blair.
24559. Luther L. Dennis.
24900. Allie M. Williams.
25532. Tillie Pitts.

H. R. 7966. John M. Wright, Boles, Ky., was a private and artificer in Company H, Fourth Regiment Tennessee Volunteer Infantry, from June 18, 1898, to May 6, 1899, during the war with Spain. A part of the service was performed in Cuba.

On September 16, 1899, the soldier applied for pension on account of rheumatism, affecting his back and limbs, contracted at Danfuskie, S. C., about April 10, 1899.

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The claim was rejected February 10, 1906, because of no satisfactory evidence of the existence of the alleged rheumatism since date of discharge, and because a ratable degree of disability was not shown since date of filing.

Reopening was denied six times, and then in August, 1898, the claim was reopened, specially examined, and again, January 13, 1910, rejected because of no record—no satisfactory medical evidence—showing treatment in service or at discharge.

The medical records show the soldier treated for malaria from January 4 to 15, 1899, and for nothing else.

The report of physical examination at enlistment shows "previous sickness, chills."

On examination, April 16, 1899, preliminary to discharge, the soldier claimed to have rheumatism in back and legs contracted between April 9 and 13, 1899, at Danfuskie Island, S. C.

The captain of his company certified that aside from the soldier's own statement he had no reason to believe that he was disabled or impaired in health from any cause.

On April 21, 1899, three surgeons certified that they had examined the soldier and found no disability of any character.

At enlistment the soldier gave his age as 44 years, but it was shown upon evidence obtained on special examination that he was at least 50 years of age when he enlisted.

The claim was specially examined to determine whether the soldier was free from rheumatism before enlistment, whether said disease was contracted in service, existed at discharge, and the degree of disability therefrom since that date.

The evidence obtained clearly shows that the soldier did not have rheumatism before he went into the army. He had been injured about the head and perhaps in one shoulder before service, and was seriously hurt in the ankles by falling from a scaffolding about three years after his army service. He has been a constant drinker of intoxicants all his life, and was in November, 1909, engaged in selling liquor contrary to law on the line between Kentucky and Tennessee.

Charles D. Bledsoe, who was quartermaster-sergeant of the soldier's company, testified that:

> The first time I heard the claimant complain so far as I can remember was some time in April, 1899, at Danfuskie, S. C. He took cold and complained of rheumatic pains in his shoulders, arms, and neck, and I believe in his back. He stayed about his tent pretty closely. * * * The claimant continued complaining of the rheumatism in shoulders, arms, and neck as long as we were in Savannah, and I am not sure, but it seems like he was complaining some on the way home.

John M. Hestand, comrade, testified that:

> The first time I remember hearing Wright complain as I now call to mind was while in quarantine quarters at Danfuskie, S. C. We were only at Danfuskie for eight or ten days, I think, in April, 1899, and most of the time while there Wright seemed to have the rheumatism in his ankles, knees, and shoulders. It seems to me now like he complained of a kind of hurting all over him and he kept complaining of his troubles as long after that as he was in the service. I think he had to lie up in his tent at Danfuskie for something like two or three days—he could not get out.

The witness also stated that the soldier had the same trouble at Savannah afterwards, saying also that:

> He was kind of limping around some as if he had pains in his ankles and knees. I can't remember of his complaining of his neck or head, but it strikes

me he did complain of pains in his shoulders. I don't think claimant was in good shape at muster out; was still complaining of pains in legs, knees, and ankles.

Dr. Joseph H. Hurst, who was hospital steward of the soldier's regiment, testified that the soldier—

was the only man so far as I remember in the army who had a wry neck. I recollect that he had that at Danfuskie after we landed in quarantine in the spring of 1899. He went around with his head turned to one side and I treated him for it. I think I gave him salicylate of soda tablets. That was a short time before discharge, and I do not know that he got over it entirely at his discharge. It was rheumatism in his neck and shoulders, I thought, and I do not know what caused it unless it was the damp quarters on the ship on our return from Cuba. * * * No, I don't think the shoulder joints were affected in the service.

These witnesses are all reported to be credible and of good standing.

The captain of the soldier's company testified, April 18, 1905, that—

To the best of affiant's recollection at this time, said Wright was confined for several days at Savannah, Ga., in spring of 1899, with what he complained of as a severe attack of rheumatism. I do not now remember the duration or effect of his sickness or whether its apparent effects had disappeared at the date of muster out in May, 1899. I only state my best recollection at present.

The evidence as to condition after discharge shows that the soldier complained of rheumatism from the time he got home and that his symptoms gave evidence of his having it.

Dr. S. F. Grace, reputation good, testified that he examined the soldier sometime in 1901, and he then had inflammatory rheumatism in the legs and hips.

Dr. J. W. Malden, not regarded as entirely reliable, stated that the soldier complained to him, soon after discharge, of rheumatism; he then made no examination but did question him and prescribed for rheumatism and has since, from time to time, prescribed for the same trouble. He made an examination about 1906, and found rheumatism, some tenderness of spine, the muscles of the neck were rigid, shoulder joints anchylosed.

Dr. J. F. Marrs testified to treatment for rheumatism since 1906, off and on.

The first medical examination, made January 7, 1903, found no objective evidence of rheumatism. The board said:

Claimant claims to have rheumatism in shoulders and neck; we find no other indication than some counter irritants have been applied to back of neck and shoulders. Claimant's known record for truth and veracity is such as to cause this board to believe he has rheumatism although there is no physical sign of symptoms.

They said he was permanently disabled for performing manual labor due to injury to ankles.

The only other medical examination was made June 3, 1908. The board then found rheumatism and rated $17 for that disease and disease of heart. The medical officers of the Pension Bureau estimated the disability from the description given by the board at $6 for rheumatism.

The Member who introduced the bill states that the soldier is indigent and is capable of very little if any manual labor.

Two witnesses say he has no permanent home and is unable to perform manual labor.

After careful consideration of the history of this case, your committee think pension should be allowed at the rate of $12 per month, and so recommend.

H. R. 15266. David H. Moore, Bloomington, Ill., was first sergeant of Company G, Eighth Regiment Illinois Volunteer Infantry, during the war with Spain, from June 28, to August 1, 1898, and sergeant from the latter date to April 3, 1899, when he was mustered out with his company. The most of the service was performed in Cuba.

On May 15, 1899, the soldier applied for pension on account of malarial poisoning. That claim was rejected March 20, 1901, on the ground of no ratable disability from the alleged cause since date of application. On August 18, 1905, he applied for pension on account of rheumatism and malarial poisoning, and that claim was rejected March 5, 1906, as to rheumatism, because the evidence failed to show continuance of that disease from discharge and because of no ratable disability. The claim for malarial disease was not reopened. The claim as to both causes of disability was subsequently reopened and specially examined and again rejected July 18, 1908, because the evidence failed to show a ratable degree of disability from the diseases alleged from date of filing, August 18, 1905.

In a written opinion, dated February 24, 1908, the medical referee of the Pension Bureau stated that the medical examination made February 5, 1908, shows a ratable degree of disability from both malarial poisoning and rheumatism, but that such a degree of disability was not previously shown. He stated also in opinion dated October 18, 1905, that the effects of venereal disease could be eliminated from the rheumatism alleged. Reopening of the claim was denied in August, 1908.

The medical records show the soldier treated August 29 to September 11, 1898, for multiple chancroidal ulcers; September 26 to October 27, 1898, for malarial remittent fever; October 21 to 24, 1898, for malaria; October 28 to November 2, 1898, malarial cachexia; November 8 and 9 and 18 to 22, 1898, quotidian malaria; November 30 to December 5, 1898, acute catarrhal dysentery; January 8 and February 13 and 14, 1899, quotidian malaria.

At examination preliminary to discharge the soldier claimed to have rheumatism in legs and arms and chronic malaria, contracted in Cuba. The captain of his company corroborated his statement, and a surgeon certified that he was then partially disabled by rheumatism in the right shoulder. A board of three surgeons then examined him and stated that he had no permanent disability.

The first medical examination, made August 15, 1900, rated $6 for malarial poisoning. The board found no sores on any portion of penis and no scars. They stated that there was a gleety discharge from urethra, no stricture, all glands in inguinal region enlarged to size of beans, not sensitive. Axillary glands enlarged and sensitive. Post cervical epitrochlean and cervical glands also slightly enlarged. Hair normal; no thinning has occurred. No sores in mouth; no history of mucus patches. Nares red and congested, covered with mucus and crust but no ulceration. Mucus membrane of inferior turbinated bodies hypertrophied. Palate normal. Uvula elongated and relaxed, mucus dripping from end of same. Tonsils somewhat enlarged, pharynx red and coated with mucus, studded with enlarged

follicles. No evidence of specific ulcers. Rate, catarrh, $6. Tibia free from nodes, no evidence of thickening in any bones.

Crepitation of right shoulder joint and left elbow; complains of pains in various joints. Pain and stiffness in right shoulder, slight limitation, no enlargement or atrophy. Left elbow tender and painful on motion. No rating.

The next examination was made September 20, 1905, rated $4 for disease of liver; nothing for rheumatism. The board found two small nodules back of the corona glandi which they stated might have been a soft chancre; no other evidence of syphilis.

The next and last examination was made February 5, 1908. The board rated malarial poisoning, $8; rheumatism, $10; heart disease, $6; lung disease, $6; and found no evidence of syphilis except a very small scar on under part of penis which was the site of a chancroid, no constitutional taint, and three small patches of acne of back, which was of no consequence.

Evidence filed with the bill shows the soldier only able to perform the lightest kind of work, and medical evidence shows him suffering from malaria and rheumatism. The evidence abundantly shows the origin of both diseases in the service and that both have existed almost continuously since, and for these reasons your committee recommend the allowance of pension at the rate of $15 per month.

H. R. 17958. William D. Willoughby, Sarcoxie, Mo., is pensioned under the general law at the rate of $12 per month, on account of rheumatism and piles contracted during the war with Spain, as a private of Battery E, First Regiment, U. S. Artillery.

The soldier was in service from May 17, 1892, to August 16, 1895, and from November 13, 1895, to November 12, 1898.

The last action taken by the Bureau of Pensions was on May 12, 1910, when a claim for increase, filed November 24, 1909, was rejected because the evidence failed to show a degree of disability from the pensioned causes which would warrant a rate in excess of $12 per month. That action was based on a medical examination made May 4, 1910, by the board of surgeons at Pierce City, Mo. The board stated that they found crepitation in both shoulders and left wrist, also in left knee, motion in shoulders limited one-third or more. Motion in lower extremities limited one-fourth or more. No contractions of ligaments, no atrophy of muscles. Can not stoop and recover from lumbago, rate $10. They found one internal pile tumor, size of grape, that is tender and inflamed. The rectum is inflamed and tender, the external sphincter is relaxed, rate $6. Heart affection, rate $4. No other disability described or rated.

The pensioner in an affidavit filed with the bill states that he is disabled for the performance of manual labor as a result of his army service, and that he has not sufficient property outside of his debts and obligations to furnish him support and means to live on.

Three laymen in affidavits executed in January, 1910, substantially corroborate the pensioner, and in an affidavit made February 28, 1910, W. H. Roper, M. D., stated that he had that day examined the pensioner and found hemorrhoids protruding and attended and aggravated by an ulcerative proctitis, and that this condition alone with hypertrophy of his heart and valvular insufficiency disabled him at least three-fourths or more. Also he has loss of function or movement of left shoulder and arm, results of rheumatism.

A careful consideration of the evidence in this case leads your committee to the conclusion that this pension should be increased to $20 per month, and they so recommend.

H. R. 18855. James T. Adamson, 130 Hawthorne street, Brooklyn, N. Y., under the name of J. Tilden Adamson, served as a sergeant of Companies A and D, Third Regiment Georgia Volunteer Infantry, during the war with Spain, from June 28, 1898, to October 30, 1898, when he was promoted to second lieutenant of the last-named company, from which he was honorably discharged April 22, 1899.

The officer applied for pension December 4, 1906, alleging that in March, 1899, in Cuba, he contracted fever and was in bad health until the return of his regiment to Georgia, when he was taken to the military hospital at Augusta, Ga., and kept there under treatment until his muster out, April 22, 1899, at which time he left the hospital, though still very ill, and the strain of moving affected his heart, from which he is physically disabled.

The claim was rejected July 24, 1907, on the ground of no record or medical evidence showing treatment during service, at discharge or prior to October, 1901, for, and the claimant's inability to furnish testimony showing origin of, the alleged heart disease in service, that it is in any manner due thereto, or that it existed at time of discharge.

The medical records show the petitioner treated July 23 to 28, 1898, for jaundice; April 6 to 22, 1899, for intermittent fever, tertian.

On examination, April 22, 1899, preliminary to discharge, the officer stated that he was suffering from intermittent fever incurred in March, 1899.

The officer commanding the regiment corroborated the officer's statement and said the disease was contracted in January, February, and March, 1899, in Cuba. The surgeon certified that "man at present time is in hospital with intermittent malaria, but has no other permanent disability."

E. C. Brennand, M. D., June 19, 1907, testified that beginning October 10, 1901, for two weeks he attended the officer, who was confined to bed with malarial fever and "the symptoms common to valvular disease of the heart."

The New York Life Insurance Company declined to issue the petitioner a policy in November, 1903, because their examination showed he then had "organic mitral systolic heart murmur," shown by their certificate on file.

George L. Tirrell, June 6, 1907, stated that for the past seven years he had been associated with the petitioner almost daily, and that during that period he suffered with what he was informed was valvular disease of the heart.

Medical examination by a board of surgeons at Brooklyn, N. Y., December 28, 1906, showed:

> The apex beat is visible at the fifth interspace. The area of cardiac dullness is normal. There is a murmur heard at the apex. No edema, no cyanosis. Heart action is irregular and forcible. Rate $6.

Filed with the bill is an affidavit, executed April 6, 1910, by Doctor Brennand, above alluded to, who states that he has known the petitioner for ten years and has given him medical treatment at various times since 1901, the first year in which he was a patient of the witness for a weakness of the heart, technically known as a mitral systolic

murmur. He examined him April 2, 1910, and found the same condition, which renders him incapable of manual labor or severe strain of any kind.

In an affidavit executed June 20, 1907, the petitioner stated that:

> After leaving the hospital while still ill, on the day I was mustered out, I went to Tate Springs, Tenn., where I partially recovered my health. I was too weak to do any work for several months. In August or September of 1899 I was treated by Dr. A. W. Billing, of * * * Brooklyn, N. Y., for the effects of the fever contracted in Cuba.

In an affidavit filed with the bill, and executed April 2, 1910, the petitioner states that he was—

> kept under treatment for fever until the regiment was mustered out on April 22, 1899, at which time the mustering officer, instead of waiting until my recovery, mustered me out. I was dismissed from the hospital immediately, although I was very ill and had not even been able to sit up for weeks. The severe strain of the move from the hospital affected my heart, and that affection of the heart still disables me physically. Within two days after being mustered out I was treated by Doctor Purse, of Atlanta, Ga., for weak heart. In August of 1899 I was treated in Brooklyn for a slight recurrence of the illness contracted while in the army. In 1900 I was treated in Brooklyn by Dr. E. C. Bernand.

Upon consideration of all the evidence in this case your committee believe it is reasonably well shown that the officer's alleged heart disease was due to his military service. They therefore recommend the allowance of pension at the rate of $15 per month.

H. R. 19201. Peter S. Moore, Orting, Pierce County, Wash., served in Capt. W. A. L. McCorkle's Company G, First Regiment Washington Territory Volunteers, from October 24, 1855, until honorably discharged January 31, 1856, and he is now receiving a pension of $8 per month under the acts of July 27, 1892, and June 27, 1902.

In a sworn statement accompanying the bill claimant sets forth that he is aged 71 years; that he is wholly incapacitated for earning his support by manual labor, in which statement he is corroborated by the affidavit of a physician; that he owns no real or personal property, and that his annual income from all sources is limited to the amount of his small pension.

There are many precedents for the proposed legislation and a rating of $16 per month is respectfully recommended.

H. R. 19746. Jessie M. Parshall, Omaha, Nebr., is pensioned at $15 per month, under the general law, as the widow of Harry R. Parshall, second lieutenant of Company B, Twenty-second Regiment United States Infantry.

The soldier served as a private in Company K, Twentieth Regiment United States Infantry, from November 15, 1898, to October 12, 1901, when appointed second lieutenant, United States Army, which appointment he accepted October 14, 1901. He served in the Philippines and died there of disease April 8, 1904.

The petitioner is about 30 years of age, and is possessed of $3,000, and has no other property. Her total income consists of her pension of $180 a year, and the interest on her money, which she estimates at $150 net, a year. She states that her money is invested in farm mortgages, one in Cherry County, Nebr., of $1,200, and another in Dodge County, Nebr., of $1,800, each carrying 6 per cent interest. She says also that frequently her money is idle and has to remain in bank drawing no interest for a period of two or three months, and

for that reason she does not actually realize on it more, on an average, than $150 per annum.

The petitioner claims to be a nervous wreck, caused by the shock produced by the news of her husband's death. She says she can do very little and makes her home with her mother. She says also that she has spent several hundred dollars in treatment in sanitariums trying to recover her health. She states that she is troubled with insomnia, and for weeks at a time does not sleep more than from one to three hours during the night and scarcely any during the day.

B. M. Caples, M. D., testified that Mrs. Parshall was treated in the Waukesha, Wis., Sanitarium, of which he is superintendent, from August 1, to September 8, 1904, for neurasthenia, and had not recovered when she left.

Leonard Hart, M. D., testifies that he treated the petitioner for neurasthenia and hysteria in December, 1908, and January, 1909, and that often she was in a marked depressed state which simulated melancholia. The witness stated that with a history of nervous disorder from childhood she will never fully recover.

Frank E. Coulter, M. D., February 16, 1910, testifies that he had known Mrs. Parshall for five years and had treated her; that by nature and inheritance she is of a very nervous, sensitive organization, and any sudden shock, such as the death of a near relative, would have a serious effect on her physically and mentally, he believes such a shock has so affected her and that she is entirely unfit to engage in any occupation.

Another witness states that he has known the petitioner for four years, and part of that time he has lived in the same house with her and her mother. That she was troubled with hysteria and was exceedingly nervous and at times was despondent and depressed. He does not think her physically capable of earning a livelihood. Also that she complained of insomnia, and from his knowledge of her financial condition she is not able to procure a nurse.

This case presents a condition which, under the practice of your committee, justifies an increase allowance over the general-law rate paid to widows of lieutenants of the army. They therefore, in accordance with precedents, recommend the allowance of pension at the rate of $25 per month.

H. R. 23720. Laura D. Blair, Ashley, Mich., is the widow of William A. Blair, late a private of Company D, Sixteenth Regiment Pennsylvania Volunteer Infantry, during the war with Spain, from April 27 to December 29, 1898, when he was mustered out with his company. A part of the service was performed in Porto Rico.

The soldier applied for pension January 14, 1905, on account of malarial fever and disease of lungs. On June 25, 1906, after special examination, pension was allowed at $6 per month, from date of filing, for malarial poisoning. At the same time the claim for lung disease was rejected on the ground of no record and the other testimony failed to establish the service origin and existence at discharge of the alleged disease of lungs. The pension was increased to $8 from February 6, 1907.

The War Department records furnish no evidence of medical treatment, but do show "sick in quarters in line of duty September 15 to 21, 1898." No record of physical defects at enlistment, and the examination preliminary to discharge was negative.

The evidence obtained by special examination is conclusive as to soundness at enlistment, and the captain and several comrades corroborate the soldier's allegation that he contracted a severe and lasting cough, variously described as a chest cough, a rattling cough, and as a hacking cough, while in Porto Rico. The witnesses are all reported as of good repute. They state that the cough continued until discharge, and the period from discharge to 1906, when the special examination was concluded, is covered by a dozen or more lay and medical witnesses who state that from the time the soldier arrived at home on furlough he constantly had a severe cough and was frail in appearance.

A physician of good reputation testified that he treated the soldier in the fall of 1898, while on furlough, and within a few days after his discharge, for malaria and lung trouble. The treatment immediately after discharge extended over a period of three months. The witness said he suspected incipient tuberculosis when he treated him in 1899; he then had a temperature, loss of appetite, and night sweats. Auscultation and percussion indicated some tubercular trouble with the lungs.

The evidence as to continuance of cough and apparent lung trouble from the date the soldier arrived at home on furlough to 1906 seems conclusive and convincing.

Medical examination made March 15, 1905, rated $4 for malarial poisoning and $17 for pulmonary phthisis. One made February 6, 1907, rated malarial poisoning $12, and described chest trouble, and said:

> Claimant has a chronic bronchitis, moderate in degree, there is a dry, hacking cough.

On February 19, 1908, the board of surgeons rated malarial poisoning at $8, and said:

> This claimant is so disabled from disease of lungs (pulmonary tuberculosis) as to be incapacitated for performing any manual labor.

September 9, 1908, another board rated $30 for malarial poisoning, disease of stomach and bowels, saying:

> Claimant is weak, emaciated, anemic, and totally unfit for manual labor. Lung sounds normal, no cough or rales, no indications of pulmonary tuberculosis whatever.

October 14, 1908, another board rated $17 for malarial poisoning and $17 for phthisis, and said:

> Supra and subclavicular depression both sides, marked on right. Percussion denotes dullness over left apex, hyper resonance over right apex. Auscultation excites moist rales over apices, cough constant, expectoration scant.

The attending physician testified that the soldier died April 8, 1909. He attended the soldier from March 16, 1909, to his death, saying:

> I found the applicant suffering with chills and fever afternoons, very much emaciated and lungs diseased and broken down from suppuration, also a severe cough. Death was due to exhaustion from above diseases.

The widow's claim, filed April 20, 1909, was rejected June 21, 1909, on the ground that the soldier's death from disease of lungs was not due to malarial poisoning, nor was it otherwise shown to be due to the military service.

Evidence filed with the bill shows the widow to be in poor health, with no property of any kind, and a child of the soldier's of 4 years of age to support.

In the judgment of your committee the evidence in this case fully justifies the allowance of pension, and they respectfully recommend allowance at the rate of $12 per month, with the usual allowance of $2 increase on account of a minor child of the soldier.

H. R. 24559. Luther L. Dennis, of Newman, Ga., was a private and corporal of Company I, Third Regiment Georgia Volunteer Infantry, during the war with Spain, from August 15, 1898, to April 22, 1899, when he was mustered out with his company. The service was in part performed in Cuba.

On November 13, 1908, the petitioner applied for pension on account of chronic phlebitis of right leg, infection of right foot and toes, contracted at Savannah, Ga., December 18, 1898.

The claim was rejected, after special examination, April 14, 1910, on the ground that the phlebitis was not shown to have originated in service nor to have existed at discharge, and for the reason that no ratable degree of disability was shown from the alleged disease of right foot and toes.

The medical examination made February 17, 1909, showed the right leg œdematous from ankle to knee—left ankle 9½ inches, right 10½ inches; left calf 16¾ inches, right 17½ inches. The right leg from 1½ inches above the ankle to the tuberosity of the tibia and laterally, including all but one-third posteriorly, is of a dull red color, purplish anteriorly, with three ulcers to the right of middle third of tibia, each about three-fourths inch in diameter, continually oozing a foul, stinking pus. The skin is tense from œdema, which obliterates the outline of the veins between the ankle and the knee. The internal saphenous vein is prominently varicose from popliteal space to saphenous opening, is from three-eighths to one-half inch wide, and elevated about one-eighth inch. Rate, $8.

No abnormal condition of toes can be found. No œdema or inflammation or other abnormality present in feet. No evidence of syphilis or vicious habits.

The record shows treatment during service for mumps only, and that from March 14 to 21, 1899. The examination preliminary to discharge was negative.

The contention of the soldier is that—

> On the 18th day of December, 1898, deponent was placed under heavy marching orders (carrying his gun, two blankets, an overcoat, extra suit of underwear, extra uniform, knapsack, and canteen), and marched a distance of about 15 miles, consuming practically the entire day. During this said march deponent began to be troubled with a terrifying itching of his toes on his right foot; on his return to camp at night he discovered that the toes of his right foot were raw, with the skin off between the toes and some skin off from the top of the toes. Deponent's right foot was swollen so much from said cause that he could not wear his shoe on right foot for several days. About the middle of January following deponent sailed with his command to Cuba; shortly after arriving in Cuba his foot was sore again, as it was before in Savannah, Ga., and deponent went to the army hospital and had it treated; it was several days again before deponent could wear a shoe on his right foot. The physician that treated his foot was Major Granby, who did not tell deponent the name of the disease, but excused deponent from duty for several days. After this treatment the outside of the toes seemed to heal up, but the itching continued, occasionally breaking out and getting raw, but never reached the point where the foot swelled up nor where deponent could not wear his shoe,

and thus continued during the rest of his service. At the time of deponent's discharge there were no visible signs of the disease, but the itching as above described continued.

Deponent came from Augusta immediately after his discharge over the Central of Georgia Railroad, reaching Newman, Ga., about 2 o'clock in the morning; after walking over the town trying to get conveyance out, with no success, deponent walked out 4 miles from Newman toward his father's; on the road out, while walking, deponent's right foot began to itch and hurt, and at the end of the 4 miles he discovered his toes on the right foot sore, raw, and the skin off. Deponent shortly after this called on Dr. A. C. North, who was a practicing physician, and Doctor North prescribed for his foot, and deponent kept up the prescription during the remainder of the year of 1899 and until the summer of 1900. Deponent believes, to the best of his knowledge, that the heavy strain on his feet and legs during the heavy march of December 18, 1898, at Savannah, Ga., not only affected his right foot and toes, but that it affected his right leg also. During the summer of 1900 deponent's right foot grew rapidly worse, beginning at the toes and extending up the foot until the whole of the front of the foot and toes were almost a solid sore, and after that the itching began to go up the leg and it began to inflame, causing ulcers on the leg, which would run for two or three months and then heal up; new ones would then come. The itching kept up until it reached well up into the right thigh. The ulcers would appear and disappear until February, 1908, when a permanent one appeared, which yet remains. The itching kept up all during the time from the date it first appeared in the toes of his right foot, continuing therefrom up through the foot into the leg, reaching up into the thigh, but when the last permanent ulcer appeared the itching concentrated around it, and continues there. By reason of the facts stated deponent is rendered totally unfit for manual labor.

Three comrades testify in corroboration of the soldier's statement as to the condition of his right foot in service.

A neighbor states that he saw the soldier in the latter part of April, 1899, the latter stopping at his house on the way home from the army. He was then complaining of his foot and took off one of his shoes. From that time until 1906 he saw the soldier at intervals of from one to three weeks and on each of those occasions he complained of his foot being sore and having some breaking out on it. He saw the breaking out on several occasions.

The soldier's father substantially corroborates him as to the condition of his foot and leg after his return from the army, and his stepmother says:

He came back from being a soldier in April, 1899, with a sore foot. He told it as soon as he got home, and at that time I don't think there was any sore on the foot, but a kind of breaking out was in the skin, and that troubled him a good deal. I didn't see the appearance of the foot directly after he got home nor for some little time afterwards—some months, I suppose. But as he would be at the house he talked about his foot troubling him and he would do something for it from the time he came home until I did see the affected part, and at the time I first looked at it there was a red, bad appearance, with some rawness in the lower part of the leg, and sores came and went until the trouble seemed all to go into one sore, where it has been of late. I am sure, from what I learned by Luther's talking of his foot from the time he got home from the army and my afterwards seeing the bad condition of the leg, that it was one continuous disease that affected his foot and leg and on until the present sore came. I don't know as the sore is the same disease that was in his foot, but the whole disorder was connected, one feature of it with another. It was just a getting worse and worse of his foot and leg.

The soldier's brother-in-law and another neighbor on whose farm the soldier lived in 1900, corroborate the latter as to the condition of his foot after service.

A. C. North, M. D., testified that he treated the soldier during the years 1899, 1900, and 1901 for an ulceration of the right foot and leg, commencing in August, 1899. He stated that the case has become

chronic; at times when complete rest is obtained the trouble nearly cures up. If he exercises the trouble seems to cover a larger area. It prevents him from performing heavy manual labor.

Other physicians treated him in 1907 and 1908.

In the opinion of your committee the evidence in this case fairly shows that the alleged disease of right leg was contracted in service. They therefore respectfully recommend the allowance of pension at the rate of $12 per month.

H. R. 24900. Allie M. Williams, Hub City, Wis., widow of Dudley R. W. Williams, private of Captain Parker's Company, Iowa Mounted Volunteers, war with Mexico, from September 9 to November 5, 1846.

The soldier died December 31, 1909, and on February 17, 1910, the Pension Bureau rejected the widow's claim, filed January 27, 1910, on the ground that the soldier's service was not a pensionable one under the law, as he did not serve sixty days in Mexico, on the coasts or frontier thereof, or en route thereto, as shown by the records of the War Department.

Under a practice of the Pension Bureau, afterwards held by the Secretary of the Interior to be unlawful, the Commissioner of Pensions, on December 8, 1888, granted the soldier a pension, taking the evidence of service from a report in a bounty land claim which showed seventy days' service, including the time computed for traveling 55 miles. That pension ceased January 4, 1895, by reason of the pensioner failing to claim payment for a period of three years prior to that date. A claim for restoration was rejected in October, 1900, for the same reason the widow's claim was afterwards rejected. Congress renewed the pension by a special act approved February 26, 1904.

The law under which the claim is filed provides pensions for persons (and their widows)—

Who, being enlisted, actually served sixty days with the army or navy of the United States in Mexico or on the coast or frontier thereof, or en route thereto, in the war with that nation, or were actually engaged in a battle of said war and were honorably discharged, and to such other officers and soldiers and sailors as may have been personally named in any resolution of Congress for any specific service in said war and the surviving widow of such officers and enlisted men.

The War Department report of service shows that Mr. Williams was enrolled and mustered into the United States service September 9, 1846, at Fort Atkinson, Ind. T., and that he was mustered out of service at the same place November 5, 1846. The organization to which he belonged performed no service other than at Fort Atkinson.

The petitioner, now about 66 years of age, was married to the soldier in 1883. W. N. Waddell and G. H. Fullington, on January 25, 1910, testified that the claimant is the lawful widow of the soldier.

Inasmuch as the Pension Bureau originally granted a pension to the soldier, which terminated January 4, 1905, by his failure to claim payment for more than three years, and inasmuch as Congress subsequently renewed that pension by special act, it is the opinion of your committee that the same liberality should be extended to the widow. Your committee therefore recommend the allowance of pension at the rate of $12 per month.

H. R. 25532. Tillie Pitts, Platteville, Wis., is the mother of William P. Pitts, who was a private in Company D, First Regiment

Wisconsin Volunteer Infantry, during the war with Spain, from April 28, to June 14, 1898, when he was transferred to the Hospital Corps, United States Army, from which he was discharged April 22, 1899, at Habana, Cuba, a private, by reason of his services being no longer required.

On September 1, 1902, the soldier applied for pension, alleging that at Jacksonville, Fla., about August 1, 1898, he contracted typhoid fever and resulting affection of eyes and rheumatism.

That claim was rejected March 7, 1904, on the ground of no record or medical evidence of treatment in service or at date of discharge for rheumatism and disease of eyes, and the evidence filed was not sufficient to show origin in service and line of duty.

The War Department records fail to show that the soldier was reported sick on any roll, but they do show that he was treated from February 10 to 18, 1899, for acute diarrhea. The records do not show that he was absent at any time on furlough or otherwise.

The soldier died June 5, 1905, and the mother's claim for pension, filed May 26, 1908, was rejected April 9, 1909, on the ground that the soldier's death from phthisis pulmonalis was not shown by record, medical or other evidence to have been due to his military service.

Two comrades testified that the soldier had trouble with his eyes in service, and also had what was called walking typhoid fever, and that he was at home at one time on furlough.

James Oettiker, M. D., testified in September, 1903, that while he had not treated the soldier for his eyes, he knew that he had been troubled considerably with them since his service.

L. Vanderbie, optician, testified in September, 1904, to treatment for conjunctivitis after discharge. That witness also states that the soldier had typhoid fever and came home on furlough and his general condition was bad then.

Another witness testified to the existence of disease of eyes after service.

Upon medical examination, May 21, 1902, the board of surgons rated $2 for heart and spleen affections and $4 for conjunctivitis.

The record of death shows: Cause of death, primary malarial fever; secondary, lung deficiency (consumption). Duration of disease, nine months. Edward E. Berry, M. D., attending physician.

Doctor Berry, in an affidavit executed October 2, 1908, stated that he was the soldier's physician while he was at home on furlough and knew him from childhood until his death. That he came home on sick furlough about September 16, 1898, and he then treated him for malarial fever. He was not entirely recovered when he went back December 19, 1898. After his return to the army he sent to the witness for prescription for the medicine he had been taking and he sent it to him in Florida. He was in bad health, his lungs being affected, when he came home discharged. He went to work for L. Vanderbie, a jeweler, soon after his return, but had to retire soon, as his health failed him; his cough grew worse and soon he was confined to the house. Every symptom of phthisis pulmonalis supervened. He took a severe cold en route from the South on his way home, the result of which was death on June 5, 1905. I became cognizant of these facts from attending him during his entire illness.

In an affidavit filed with the bill Doctor Berry states that within the same year that the said William Pitts came back from service

he examined him and found that he then had a lung affection in its first stages, which afterwards proved to be consumption or tuberculosis, but that he did not inform the soldier of the gravity or nature of his disease; that he was also troubled with bad eyes, rheumatism, and the effects of typho-malarial fever.

The gentleman who introduced the bill makes the following statement:

> I knew William T. Pitts, who served in Company D, First Regiment Wisconsin Volunteer Infantry, and Company A, Hospital Corps, U. S. Army, for more than twenty years. I remember well when he was home on a furlough sick with malarial fever in the fall of 1898. I also well remember when he returned home after his discharge, how pale and emaciated he was, and saw him almost daily thereafter. He was never well after his return, and gradually grew worse until his death in 1905.
>
> It was generally understood by all who knew him in the city where we both lived that his death was indirectly due to malarial fever which he contracted in the service.

The petitioner, who is about 54 years of age, states that she was dependent upon the soldier at the time of his death for her support.

From the history of the case your committee are of the opinion that the soldier's death was due to his military service, and they recommend the allowance of pension at the rate of $12 per month.

The passage of the bill is respectfully recommended.

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